



Let's Play

Brought to you by The City of Liberty Lake Recreation Program

Parents and children can join us for all new activities for the autumn season including arts & crafts and games.

Children play with children of their own size with the help of parent or caregiver.

Who: For Parents and Children of 18 months to Pre Kindergarten

When: 10:00 a.m. to 11:00 a.m. Every Wednesday, September 19th through November 28th (No class October 31st)

Where: Trailhead Golf Course Lower Level

Fee: \$50.00

Contact The City of Liberty Lake Recreation Program with questions or to register @ 755-6726 or www.libertylakewa.gov





CITY OF LIBERTY LAKE RECREATION REGISTRATION FORM

22710 E Country Vista Dr., Liberty Lake, WA 99019- (509) 755-6700- (509) 755-6713 fax

PLEASE PRINT

Participant's Name: Last: _____ First: _____ M.: _____

Gender: Male ☐ Female ☐ Date of Birth: _____

Parent/Guardian's Name: Last: _____ First: _____ M.: _____

Mailing Address: _____ Apt.: _____

City: _____ State: _____ Zip: _____ Email: _____

Home Phone: (____) _____ Cell: (____) _____ Work: (____) _____

Program name: _____ Fall 2007 Let's Play _____ Fee: _____

PAYMENT: TOTAL PROGRAM FEES: _____

Make checks or money orders payable to "City of Liberty Lake"

**Mailing address: City of Liberty Lake
Recreation Registration
22710 E. Country Vista Dr.
Liberty Lake, WA 99019**

LIABILITY WAIVER, RELEASE, & INDEMNITY AGREEMENT: I agree to release, indemnify, and hold the City, its agents, officers and employees harmless from any and all liability claims, actions, judgments, damages or injuries of every kind and nature whatsoever to the participant and/or his property arising from participation in activities for which the participant is registering. **I further acknowledge that I have familiarized myself with the description of the activities, understand the hazards and the participant's personal limitations and knowingly assume all risks.** I acknowledge I have read and understand this Liability Waiver, Release and Indemnity Agreement, and understand that I am waiving any claim I might have against the City for any harm sustained as a result of any activity for which I am registering a minor child. In case of an emergency I authorize permission for transportation to nearest and appropriate medical facility, and authorize emergency medical care if no one on this form can be reached.

Signature of Responsible Adult: _____ *Date:* _____

For publicity purposes I give permission to use any photos of people I am registering

EMERGENCY CONTACT INFORMATION

Contact Name: _____ Relationship: _____

Home Phone: (____) _____ Cell: (____) _____ Work: (____) _____

Physician's Name: _____ Phone Number: (____) _____

Preferred Local Hospital: _____

Insurance Carrier: _____ Policy Number: _____

Allergies: _____ Does your child have an EpiPen: Yes ☐ No ☐

Medications: _____ Schedule for Medications _____